STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046092	A. BUILDING: _____ B. WING _____	10/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTHCARE RESORT OF OLATHE	21250 WEST 151ST STREET OLATHE, KS 66061

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey at the above named assisted living facility conducted on 10/05/21, 10/06/21, 10/07/21, 10/11/21, 10/12/21 and 10/13/21.	S 000		
S3080 SS=D	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-201(a) The facility reported a census of 25 residents. The sample included 3 residents. Based on record review and interview, the administrator failed to ensure 1 (#710) of 3 residents were screened on or before admission to determine the individual's functional capacity. Findings included:	S3080		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 10/13/21

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S3080	Continued From page 1 - On 10/05/21, licensed nurse #B completed a resident roster, which included resident #710. The roster indicated the resident required assistance with toiletings and bathing, used incontinent products, had a fall in last 180 days and had impaired cognition. Resident did not manager her own medications. Record review revealed she admitted to the facility on 07/29/21 with diagnosis of hypertension, hyperlipidemia, dementia and anemia. Record lacked completion of a functional capacity screen (FCS). Observation on 10/05/21 at 5:54 PM in dining room revealed resident sitting at table in wheelchair. Observation on 10/06/21 at 8:17 AM in resident's room revealed staff assisting resident in dressing. Resident pivoted to wheelchair with staff assistance. Interview on 10/05/21 at 5:40 PM with certified staff #G stated resident was incontinent and required assistance with toileting, bathing and dressing. Certified staff #G further stated resident was confused at times, required a puree diet, crushed medications, used a wheelchair and could only ambulate short distances. During an electronic interview on 10/07/21 at 9:22 PM with operation manager confirmed no FCS completed for resident #710. Facility's "Resident Functional Capacity Screening" policy obtained on 10/12/21 recorded, "A) On or before resident's admission to the ALF,	S3080		

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S3080	Continued From page 2 a licensed nurse, licensed social worker, or the administrator will conduct a screening to determine the individual's functional capacity and record all findings on a screening form specified by the department." The administrator failed to ensure appropriate staff completed the functional capacity screen on or before admission to the facility.	S3080		
S3280 SS=E	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104 (d) (3) The facility reported a census of 25 residents. The sample included 3 residents and review of 4	S3280		

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S3280	Continued From page 3 employee records. Based on record review and interview, the administrator failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's entire emergency plan with residents and staff. Findings included: - Review of the facility emergency management plan revealed the plan contained procedures to manage potential emergencies and disasters including Fire, Flood, Severe Weather, Tornado, Explosion, Natural Gas Leak, Lack of electrical or water service and Missing Residents. - Review on 10/05/21 of the facility's quarterly reviews of the emergency management plan with residents revealed the following reviews with residents: On 07/11/19, reviewed fire, flood, tornado, severe weather, loss of electrical or water services, explosion and missing resident. On 11/05/19, reviewed fire, flood, tornado, severe weather, loss of electrical or water services, explosion and missing resident. On 02/18/2020, reviewed fire, flood, tornado, severe weather, loss of electrical or water services, explosion and missing resident. On 04/06/2020, reviewed fire, flood, tornado, severe weather, loss of electrical or water services, explosion and missing resident. On 07/31/2020, reviewed fire, flood, tornado, severe weather, loss of electrical or water	S3280		

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S3280	Continued From page 4 services, explosion and missing resident. Facility missing first and second quarter of 2019, fourth quarter of 2020 and first, second and third quarter of 2021. - Review on 10/05/21 of the facility's quarterly reviews of the emergency management plan with staff revealed the following reviews with staff: On 07/11/19, reviewed fire, flood, tornado, severe weather, loss of electrical or water services, explosion and missing resident. On 11/05/19, reviewed fire, flood, tornado, severe weather, loss of electrical or water services, explosion and missing resident. On 02/18/2020, reviewed fire, flood, tornado, severe weather, loss of electrical or water services, explosion and missing resident. 04/16/2020, reviewed fire, flood, tornado, severe weather, loss of electrical or water services, explosion and missing resident. On 07/31/2020, reviewed fire, flood, tornado, severe weather, loss of electrical or water services, explosion and missing resident. On 08/03/21, reviewed fire, flood, tornado, severe weather, loss of electrical or water services, explosion and missing resident. Facility missing first and second quarter of 2019, fourth quarter of 2020 and first and second quarter of 2021. Interview on 10/05/21 at 6:50 PM with operation manager confirmed no additional disaster reviews	S3280		

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S3280	Continued From page 5 with residents and staff completed. Facility's "Disaster and Emergency Preparedness for Assisted Living Facility" policy obtained on 10/12/21 recorded, "(3) Quarterly review of the facility's emergency management plan with employees and residents." For all residents and staff, the administrator failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's entire emergency plan with residents and staff.	S3280		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-207 (c) The facility reported a census of 25 residents.	S3310		

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S3310	Continued From page 6 The sample included 3 residents and review of 4 employee records. Based on record review and interview for 1 (#236) of 3 sampled residents and 4 of 4 sampled staff, the administrator failed to ensure compliance with the department's TB (tuberculosis) guidelines. Findings included: - Review of resident #236's record revealed she admitted to the facility on 12/24/19 and the record lacked evidence of completion of a 2nd step TB test upon admission. Record lacked evidence of completion of a TB questionnaire upon admission. - Review of 4 newly hired employees file revealed the following: Certified staff #C hired onto the facility on 01/25/21. Staff #C's record lacked evidence of completion of TB testing upon hire. Record lacked completion of a TB questionnaire upon hire. Certified staff #D hired onto the facility on 07/13/18. Staff #D's record lacked evidence of completion of TB testing upon hire. Record lacked completion of an annual TB questionnaire. Certified staff #E hired onto the facility on 10/10/19. Staff #E's record lacked completion of an annual TB questionnaire. Certified staff #F hired onto the facility on 02/22/21. Staff #F's record lacked evidence of completion of TB testing upon hire. Record lacked completion of a TB questionnaire upon hire.	S3310		

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S3310	Continued From page 7 Interview on 10/05/21 at 6:36 PM with operations manager confirmed sampled staff's records lacked required TB testing guidelines. During an electronic interview on 10/12/21 at 5:04 PM with operations manager confirmed no 2nd step TB test was completed on resident #236. Facility's "Guidelines for Tuberculosis Screening in Assisted Living Facility" policy obtained on 10/12/21 recorded, I. New Resident and new employee initial TB screen and infection testing: A. Symptom Screen: Each new resident and new employee will have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire within 7 days of residency or employment or at the time of administration of the tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA). B. TB Infection Testing: 1. Each new resident and new employee will receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7 days of residency or employment." The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		